

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

107588586

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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37				/		
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39				/		
40				/		
41				/		
42				/		
43			/			
44				/		
45			/			
46				/		
47				/		
48			/			
49				/		
50				/		
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	21	←		←
TOTAL CLAIMS			25			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52				2		
53				2		
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97						
98						
99						
100						
TOTAL IND.		↓	0	↓		↓
TOTAL DEP.		←	4	←		←
TOTAL CLAIMS			4			